

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
---------------------------	-----------------------------	----------------------

Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Linda Smith
Date: 11/02/2005
Time: 10:00am - 11:30 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

x Sharlene Bryant
 x Cathy Bennett
 Cheryl McQueen
 x Shannon Johnson
 Gary Imes
 Joyce Sims
 Joe Sauls
 Rick Debell
 Thelma Hayter
 x Eric Johnson

Others:

Tim Sullivan
 x Jamie Herubin
 x Sandy Flores
 Sara Parks
 x Mike Frost
 x Linda Smith
 Carlisa Stallings
 x Paul Carr

LME Attendees:

x Alamance-Caswell
 x Albemarle
 x Catawba
 x Centerpoint
 x Crossroads
 x Cumberland
 x Durham
 x Eastpointe
 x Edgecombe-Nash
 x Five – County MHA
 x Foothills
 x Guilford
 x Johnston
 x Mecklenburg
 x Neuse
 x New River

x Onslow
 x OPC
 x Pathways
 Pitt
 x Roanoke-Chowan
 x Rockingham
 x Sand hills Center
 x SE Center
 SE Regional
 x Smoky Mountain
 x Tideland
 Wake
 x Western Highlands
 x Wilson-Greene

Item No.	Topics	
1.	Division and EDS Review	<p>Review checkwrite – no checkwrite this week.</p> <p>Upcoming checkwrites: (cut-off dates) November 4th, 11th, 18th</p> <p>Discuss Retroactive Medicaid Process.</p> <p>Update on Medicaid Issues</p> <p>Bug Central Status</p> <p>Key CSRs</p> <p>Operations Support: File Maintenance, Security, and Help Desk</p>
2	Area Program, Division and EDS Review	<p>Area Programs, Division and EDS</p> <p>Roll call</p> <p>Please mute phones or refrain from excess activity to help with communications. Please state your name and which Area Program you are from when you speak.</p> <p>No checkwrite to review (non-checkwrite week).</p> <p>Upcoming Checkwrite (cut-off dates) – November 4, 11, 18</p> <p>Agenda items:</p> <p>Retroactive Medicaid</p> <p>Reminder: rounding of the non-clinician rate for H0005</p> <p>Reminder: After receiving new provider numbers from DMA, please send these numbers to the IPRS QA distribution list:</p> <p>IPRS.QandA@ncmail.net</p> <p>IPRS Questions or Concerns</p> <p>DMA Direct Provider Enrollment Questions</p> <p>MMIS Updates – Tim Sullivan & Shannon Johnson</p> <p>Medicaid Questions or Concerns</p> <p>DMH and/or EDS concluding remarks</p> <p>Roll Call Updates</p> <p>Next Meeting: November 9, 2005</p> <p>For assistance with IPRS claims, adjustments, R2Web, accessing application, etc., call the IPRS Help Desk – 1-800-688-6696, ext 53355, M-F, 8:00 a.m. - 4:30 p.m., excluding holidays.</p> <p>DMH IPRS Question and Answer email address -</p> <p>IPRS.QandA@ncmail.net</p>

ADMINISTRATION NOTES (10:00 a.m. DIVISION AND EDS REVIEW)

Item No.	Topics
1.	No checkwrite to review (non-checkwrite cycle)
2.	Upcoming checkwrites: November 4 th , 11 th , 18 th
3.	<p>Discuss Retroactive Medicaid process:</p> <p>Previously, claims that process and pay in IPRS for services that are payable in Medicaid and the recipient is approved for retroactive Medicaid coverage IPRS would initiate an adjustment to recoup the previously paid IPRS claim. Once payment is made by Medicaid the adjustment to full recoup the IPRS claim is processed.</p> <p>With the implementation of Direct Provider Enrollment, claims that process and pay in IPRS for OBH services and the recipient is approved for Medicaid retroactively, will be recouped. The provider is responsible for submitting the claim to Medicaid for payment. A new report has been created IPKR8102 – Retro Medicaid Recouped Claims Report, this report will assist providers in identifying the claims that need to be submitted to Medicaid for payment.</p>
4.	<p>Update on Medicaid Issues:</p> <p>Research questions previously emailed to Shannon Johnson are being researched.</p> <p>Smokey Mountain questioned Medicaid to have the payable services not covered by Medicare be included in the Medicaid TPL pcode override list. Anthony Perkins, Medicaid BA, is researching the enhanced benefit codes that should be overridden. One of the codes being researched is S9485.</p> <p>Code S9485 has age restrictions in Medicaid based on codes submitted with and without the modifier. Does IPRS have the same guidelines as Medicaid? Eric will check with Thelma.</p>
5.	<p>Bug Central Status:</p> <p>Bug # 277766 status changed to closed.</p> <p>One bug remains open.</p>
6.	<p>Key CSRs:</p> <p>CSR 788 – rounding H0005 will be implemented this week.</p> <p>CSR meeting after core team meeting.</p>
7.	<p>Operations Support – File Maintenance, Security –</p> <p>File Maintenance, Security, and Help Desk</p> <p>T1017 HI/ YP962 waiting on Medicaid to implement these changes in IPRS.</p> <p>Veterans day (state holiday) 11/11 is on a Friday this year. With the budget loads occurring on Fridays, EDS needs a memo with approval to change the budget load date from Friday to Thursday 11/10, and have the budgets verified on Thursday.</p>

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which Area Program you are from when you speak.
3.	No checkwrite data to review (non-checkwrite week).
4.	Upcoming checkwrite (cut-off dates) November 4 th , 11 th , 18 th
5.	<p>Retroactive Medicaid Process</p> <p>Previously, claims that process and pay in IPRS for services that are payable in Medicaid and the recipient is approved for retroactive Medicaid coverage IPRS would initiate an adjustment to recoup the previously paid IPRS claim. Once payment is made by Medicaid the adjustment to full recoup the IPRS claim is processed.</p> <p>With the implementation of Direct Provider Enrollment, claims that process and pay in IPRS for OBH services and the recipient is approved for Medicaid retroactively, will be recouped. The provider is responsible for submitting the claim to Medicaid for payment. A new report has been created IPKR8102 – Retro Medicaid Recouped Claims Report, this report will assist providers in identifying the claims that need to be submitted to Medicaid for payment.</p> <p>Q: Jeanna (Catawba) – Why could IPRS not route the claims to Medicaid for the provider as we do today?</p> <p>A: Linda Smith (EDS) – We cannot change the information that is submitted on a claim. To submit claims to Medicaid due to retroactive Medicaid coverage would require changing the provider number to the Direct Provider number. This is not an option as we cannot change data on claims.</p> <p>Q: Sandy (Crossroads) – Is the report already on R2W.</p> <p>A: Linda – Yes. If you do not have a report for your Area Program, there were no impacted claims for that month.</p> <p>C: Sandy (Crossroads) – She is already seeing partial recoupments in Medicaid.</p> <hr/> <p>R: Linda – Those would not be from this process. Only IPRS claims will be recouped. You will receive a specific EOB.</p> <p>Q: Lou (Tideland) – Is the EOB on the IPKR8102 report.</p> <p>A: Linda – No. You will see the EOB on the next 835/IPDR2000.</p> <p>C: Eric Johnson (DMH) – The IPKR8102 report will run on the last Sunday of each month. The claims identified on that report will be recouped from IPRS in the next checkwrite.</p> <p>Q: Sandy (Crossroads) – The report will run once a month.</p> <p>A: Eric – Yes.</p> <p>C: Eric – Linda Smith from EDS will be available for one-on-one questions regarding this process.</p> <p>Rounding of the Non-Clinician rate for H0005:</p> <p>Rounding of non-licensed clinician code H0005 will go into production with this week's cycle.</p>

<p>Reminder: After receiving new provider numbers from DMA, please send these numbers to the IPRS QA distribution list: IPRS.QandA@ncmail.net</p> <hr/> <p>IPRS Questions or Concerns:</p> <p>Q: Jeanna (Catawba) – Questioned the status of the guardianship memo?</p> <p>A: Eric – Rick Debell was not at the core team meeting, He will check with Rick and discuss during the next core team meeting.</p> <p>Q: Tom (Western Highlands) – received a list of IPRS covered services with limitations that match Medicaid, what was the purpose of this information that was sent to the LMEs?</p> <p>A: Paul Carr (EDS) – The Division wants the LMEs to review and provide feedback to IPRS Q&A with any concerns or identify potential impact to the LMEs.</p> <p>Q: Tom (Western Highlands) – what is the expected implementation date for these service limitations?</p> <p>A: Paul Carr (EDS) – No date is currently set. DMH planned on giving the LMEs a few weeks to review and will move forward once feedback is obtained.</p> <hr/> <p>DMA Direct Provider Enrollment Questions : No questions regarding Direct Provider Enrollment.</p> <p>MMIS Updates:</p> <p>Medicaid Questions or Concerns:</p> <p>Q: Jeanna (Catawba) - It was stated in the workshop for Direct Enrollment to link the direct provider number to the multi specialty or physician group number. They sent in a claim to IPRS that routed to Medicaid and it paid even though the providers were not linked. It should have denied.</p> <p>A: Shannon – As long as a valid group provider number and attending provider are submitted, the claim will not deny. There's nothing in the system to monitor who is linked by provider number.</p> <p>A: Paul – The linking of provider numbers was to be done at the DMA provider enrollment level, not in the MMIS+ system. In this case a valid Catawba group number was submitted with a valid attending provider, and it paid. This scenario will have to be treated as IPRS does retro-Medicaid. The AP will have to void the claim, and have the direct enrolled provider submit it to receive Medicaid payment.</p> <p>Q: ?? (Pathways) - Is T1017 HI working yet?</p> <p>A: Group – No this has not been implemented yet. The original target date was 10/21. IPRS will not implement until Medicaid is ready. Additional requirements were received from DMA. The Area Programs will be notified when it is implemented.</p> <p>Q: Sharlene (Albemarle) - We should continue to bill with T1017 HE? When we bill this service we receive denials with EOB 2240 – Case management services should be billed through cap MR/DD Area Programs.</p> <p>A: Shannon – Services that deny with EOB 2240 are currently being researched.</p> <p>Q: ?? - Will the previously denied claims be automatically re-submitted?</p> <p>A: Shannon – Not sure. The provider may have to resubmit the previous denied claims.</p> <p>Q: Tom (Western Highlands) – NCHC (NC health choice) is valid for recipients' age 0 -5. When the recipient becomes eligible for Medicaid, will the coverage lapse or do we submit DMA 2057 to notify that the Health Choice has lapsed?</p> <p>A: Group – Medicaid will research.</p>

	<p>Q: Tom (Western Highlands) – Kay Croom at Eastpointe sent an email to Carol Robertson to confirm the TPL commercial and Medicare bypass H0040. Can you confirm that the override was put in place?</p> <p>A: Shannon – During the Enhanced Benefit seminar, Carol stated H0040 is subject to TPL and Medicare.</p> <p>C: Kay Croom (Eastpointe) – The email from Carol stated that Medicare and TPL were to be lifted.</p> <p>R: Shannon – We (NCXIX EDS) aren't aware of the email.</p> <p>Kay will send the email to IPRS Q&A. It will then be forward to Shannon for research</p> <p>Q: Tom (Western Highlands) – The email also contradicts what was stated in the last core team meeting minutes regarding H0036. Shouldn't this have Medicare override?</p> <p>A: Shannon – Will research once the email is received from Kay.</p> <p>C: Tom (Western Highlands) – H0040 is a bundled service. If this was a mistake, they want to debate the override.</p> <p>Q: Kim (Neuse) – What is the effective date of change for NCHC, and where can I find this information?</p> <p>A: Area Programs – Effective 01/01/06. It can be found in the Medicaid November bulletin.</p> <p>Q: Ellen (SEC) - Who do we need to contact to have checkwrite money sent via EFT?</p> <p>A: Shannon – Complete the EFT form on the DMA website.</p> <p>Q: Ellen (SEC) – We have received 913 denials for EOB 6702 – services covered by Piedmont Cardinal Health plan. What does this mean?</p> <p>A: Shannon – The recipient is enrolled in Piedmont Cardinal Health. You will need to contact them to receive payment.</p> <p>Q: ?? (Tideland) – I have tried to fax EFT form for two days, and the line is always busy. Can this be sent to another fax?</p> <p>A: Shannon – You can fax to her at (919) 851-4014. She will forward to the financial department.</p> <p>Q: Ellen (SEC) – She is receiving some monies via check and some EFT. Why is that?</p> <p>A: Shannon – Some provider numbers may not have an EFT agreement on file. An EFT form is needed for each of your provider numbers. One voided check (if using the same account, copies of the same check) for each provider number is OK.</p> <p>Q: Charlene (Albemarle) – Has Shannon completed research on the 0079 denials?</p> <p>A: Shannon – We are still researching these denials.</p> <p>Q: Tom (Western Highlands) - The IPRS 837 reporting requirement manual page 4 will not process COB (coordination of benefits) claims, these have to be submitted on paper. What is this referring to?</p> <p>A: Sharlene – IPRS will take a look and get back with you.</p> <p>Q: Kay Croom (Eastpointe) - Email sent to Shannon and Eric from Carol Robertson suggests that we review letter Beth Robinson sent last year. Is this being researched?</p> <p>A: Paul – The list was sent to DMA 10/27/04. At that time, DMA reviewed the list and identified a few of the codes to be overridden for TPL. The entire list was not approved then. EDS will check on the status of those codes.</p> <p>Q: Kim (Neuse) – Veterans that require case management and other services, is VA considered a third party?</p> <p>A: – No one on the call knew the answer to this question.</p> <p>Q: Agnes (Cumberland) – H0040 has bundled services, who would bill psychiatric or clinical services.</p>
--	--

	<p>A: Shannon – This is one of the new enhanced codes. For information, refer to the DMA website for the service definition.</p> <p>DMH and/or EDS Concluding Remarks:</p> <p>Updates to Roll Call; Other Questions?</p>
--	--

Action Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
----------	-----------	-------------	-------------	----------	--------	-------------

AI#.

Issue Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
----------	-----------	-------------	-------------	----------	--------	-------------

II1.